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Executive Director
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California Commission on Aging Meeting

September 14-15, 2004

1600 K Street, 1st Floor Conference Rooms, Sacramento, CA

Minutes—Pending Approval

- I. Commissioner Nancy Dolton called the meeting to order. Commissioner Brenda Ross led the Commission in the pledge of allegiance.
- II. Carla Hett Smith took roll call. Present were Executive Director Sandi Fitzpatrick, staff Carla Hett Smith, Commissioners Dolton, Lambrinos, Ayala, Dennison, Esquivel, Goode, Karr, Kim-Selby, King, Lacayo, Latimer, Lundeen, Pynoos, Ross (first day only), Schachter, Scharlach, Weber, Wong and Wyman (second day only). Excused were Acosta and Chen (where was Chung, Western?).
- III. Introductions – Chair Nancy Dolton introduced new executive director Sandi Fitzpatrick.
- IV. The agenda was approved (who made motion/seconded?).
- V. Commissioner Lacayo moved and Commissioner Esquivel seconded that the minutes of the May 4-5, 2004 meeting be approved. Motion passed.
- VI. There was no public comment. Members of the public present included Vicki (?) of the Family Caregiver Resource Centers??? (other caregiver people), Gary Passmore of the Congress of California Seniors, and Joan Lee of the Grey Panthers.
- VII. Sandi Fitzpatrick provided an executive director's report including the California Performance Review (CPR), budget and other financial information, contracts, adapting her 'business model' approach to the 'bureaucratic model,' update on California Department of Aging (CDA) – contract negotiation, etc., status of Commission vacancies, AB 1994, and other Sacramento Activities, etc. Commission Chair Dolton reported that she had appointed a nominating committee chaired by Brenda Ross. The two other members are Mary Dennison and Jon Pynoos. Significant time before lunch allowed a discussion of the CPR. Points included the following:
 - Coalition for Coordinated Advocacy Statement did not have enough emphasis on the role of the CCoA.
 - State has a major challenge with aging currently. Aging network must include housing, transportation, etc.
 - We need to focus on not just the usual suspects, but younger Californians who will be affected by aging issues, engage them in a "pay now, pay later" debate.

- Emphasize aging is about families.
- One angle is to approach baby boomers who don't know where to turn for information for their parents.
- Healthy aging needs to start at birth if not before, not when you become a baby boomer.
- We need to toot our own horn, advertise who we are and what we do well. We need to preserve the Commission to make sure the senior voice is heard.
- Convince people that advocacy is important and worth fighting to save. Can this be done better from outside or inside the state structure? Is there a different/better way? There is a danger but also an opportunity here.
- We need to educate our local communities on the CPR, they don't know anything about it.
- We should put together a list of all our accomplishments and present it to the Legislature. Make sure they know we are a 'working' Commission.
- Seniors don't understand the CPR. With information, we can each submit a letter to the editor on the CPR, and mobilize local constituencies. CPR could erode the focus on senior issues at the state level. Staff could provide a draft, i.e. salient points, etc.
- The CPR is an opportunity to define our role, what kind of advocates are we? How do we advocate and who does it?
- Aging people that are energetic can get back into the community – volunteerism. I.e. – 'your local school board needs you' – to capture recently retiring workers. Maria Shriver is interested in this.
- To some extent, aging advocates are pussy cats, not aggressive enough at times. Now that we are facing extinction, we must come up to the plate. We need to take the bull by the horns, should we go to the Governor? Work on building public support? Letters from the Congress and AARP have already been written. More are needed.
- We are not visible. People out on the street don't know we exist.
- Letter writing needs to start now. We need to build on our current efforts around the LRSPA and our connections with other groups towards implementing it.
- Why is CCoA proposed to be eliminated? We are active in state government and we bring federal money into the state to fund us.
- CCoA needs to reach out to other organizations and easily win their support such as the Jewish Federation, Public Affairs Committee, other religious groups, etc.
- The CPR Commission will hold hearings asking for input. Four members of the Commission are Legislators, some of which we have good relationships with. We need to utilize these relationships to communicate our message.
- We reached out to the CPR research team, and they ignored our reach out!

VIII. Christian Griffith presented on the passed 04-05 Budget. Many cuts were proposed in the Governor's January Budget including a 5 percent cut to CDA and a block grant proposal, IHSS cuts (reduce state wage participation, eliminate residual program, eliminate employer of record requirement, eliminate necessary domestic services), eliminate cost of living adjustments for those on SSI/SSP. Most of these cuts were taken back and/or rejected by the Legislature. The fiscal picture for the state actually improved over the period of January through May. The administration applied for a federal waiver to decrease the state's share of cost of IHSS and increase the federal participation; the waiver was granted – this is perceived by many as purely political.

The budget included money to ensure a statewide standard for assessment for those receiving IHSS; there is hope that in doing this, savings will be achieved because some people will be reassessed and found to be receiving more services than necessary.

Recently, Budget staff has been working on the CPR. The fact that aging is hardly mentioned in the CPR can be seen as a good thing. There are possible proposals in the future for spending caps on the budget. Unpredictability of revenues is a large part of our budget problems. Shouldn't state save in the good years to make up for the bad years? We were saving in 2001, in fact we had the biggest reserve in history that year, but no one predicted how bad the bad years ahead might be. We must be more cautious now in budgeting. Because of Proposition 98, every 50 cents on a dollar in new revenue must go to education, this is also a major challenge to the budget.

- IX. Allison Ruff presented an Overview of Assembly Member Berg's three reports on the Master Plan for Aging. The first paper covered emerging trends in California for Baby Boomers. AAA directors made up the discussion group and posed trends and key questions as to how CA should address these issues. The second report discussed the current state administrative structure for aging and proposed a change in this system. A new system would have the following components, 1) foster gatekeeper/ care navigator services, 2) services need to be delivered not based on age, but on functional need, 3) maximize administrative efficiencies through data systems, 4) we need to access MD and MC waivers, and 5) system needs to enhance private pay options. The third report will present legislative priorities for preparing for the baby boomers.
- X. A panel including Toby Ewing from the Little Hoover Commission (LHC), Allison Ruff from Assembly Member Berg's office, and Bonnie Darwin from Assembly Member Daucher's office discussed the following questions from the CPR:

What are the pros/cons for human services (in particular, aging programs, and services) in the proposed CPR recommendations?

Pro's:

Opportunity for large scale change in public policy, with a risk involved.

LHC is doing a report on health and human services restructuring. Of the \$60-64 billion dollars spent on Health and Human Services (HHS) in the state, only \$1 billion is spent on state administrative operations, the rest goes to the community to provide services locally. How should the state invest in this structure to improve the outcome of the other \$50-63 billion being spent locally and make sure these services are effective? How the state has facilitated the flow of dollars, distribution of authority and responsibility to the locals needs work. The role of the state needs to be to invest in the right people that are going to provide leadership in Sacramento, and learn how to get out of the way of innovative service providers at the local level. When thinking about what we need for the state, we have to focus on what is best for the consumer, ie. does the consumer know where to go and how to get help? There needs to be less focus on promotional exams and more management exams. The consumer feels that the bureaucrats don't want to help, or if they want to help, they feel constrained by the system. We just don't have the 'best and the brightest' in state government.

Other pro's include:

- Civil service exams open beyond just promotional.
- Consolidation of eligibility functions of certain departments and agencies.
- CIO positions – statewide information officers will help dismantle the fragmented 60 different data systems within HHS.
- Consolidation of licensing and certification functions at the state level.
- Standardizing criminal background checks.
- Transferring IHSS to the Department of Health Services from the Department of Social Services.
- Fee supported licenses.

Con's:

- New Department of HHS may hinder services, generally, the smaller the department, the quicker decisions can be made. Because of the size of some departments currently, the Secretary of Health and Human Services Agency has no power over them because they are large and unwieldy. This is mirrored in the new system proposed.
- There is a concern about identities of certain groups associated with certain departments or programs. When changes are proposed, people “rally around a program;” however, advocates have a harder time advocating for principles and looking beyond programs.
- Sometimes the devil you know feels better than the devil you don't know.
- The LTC system has been broken for the past 20 years, there have been lots of promises made that go unrealized.
- Coordination among programs is a problem now. We need to be careful that we don't exacerbate the silo affect.
- The coming age wave will demand better services, and will increase the demand for public LTC services; we will need to initiate further borrowing for these services if we don't fix the structure now. Efficiencies can work better from an administrative point of view in other ways than the CPR proposes.
- The CPR did not pay enough attention to aging.
- There is a big role for the CCoA that was lost in the CPR proposal in developing the system we need for aging in this state.

What do you see as the greatest strengths/weaknesses of the California Commission on Aging as it is currently stated in statute? Is there a better structure to ensure advocacy for aging issues in the State?

- Robin Stone's ASA article on advocacy makes some good points; there are many challenges for aging advocates today. California needs strong advocacy looking at big picture items encouraging consumer choice. We need to reinvest in effective advocacy, reaching out to gerontology programs, schools of social work to train better advocates. We need to generate new champions for aging services. We need to have the capacity to mobilize grass roots, send out an email and get a ground swell of advocates. The CCoA has been effective on their work on the LRSPA. They need to take their success on the road. They are strongly respected.
- The CPR elimination proposal is a weakness. However, the Commission needs to move beyond advocating for our own survival, stress the importance of strategic planning for aging. Emphasizing that the Commission's current structure is effective is not as important as advocating for aging services/structure as a whole. Do not lose this focus.
- It would seem silly to eliminate the CCoA. There is a prediction that it will survive both because it has no state funds and because there would be a lot of ill will with its elimination.
- In the overall world of health care, disabilities, aging, there is serious fragmented advocacy. We need to learn not to air our dirty laundry in the Legislature. As the pie gets smaller, it seems advocacy groups misdirect their focus away from making the pie larger, and onto fights of who will get the bigger piece of the small pie that is left. The 'advocacy convener' needs to be the role of the Commission. They could organize a statewide conference, convene statewide advocates, educate people on issues and form joint advocacy platforms. There needs to be a cultural change among aging advocates. The disability advocates have a saying, "nothing about us without us;" whereas aging advocates seem to have strong provider groups/constituencies. The CCoA needs to make a strong case for who they are now and who they can be in a new structure.
- The structure of the CCoA needs to be looked at. The CCoA cannot currently deliver political clout to dramatically drive the agenda for aging. Advisory bodies in the past were used politically to deflect or delay actually doing something under the guise of 'we'll ask the experts what we should do!'
- The competition of advocacy bodies rather than collaboration muddles public policy direction and the whole process hampers any guidance by advisory bodies.
- The HHS overall has little pockets of political capital; a few strong advocacy bodies draw money from each department. The goals of the public sector ought to be, what does California want to achieve for aging. We need expertise in the services delivery system that is not driven by special interest advocacy. A number of small advocacy bodies cannot improve the policy making process, they have a lousy track record of responding to emerging needs.

- The issues of independence and authority are very cloudy in the current make up of the Commission. So is the adequacy of staff and resources to accomplish their mission. They need very strong advocacy and authority to drive the agenda. Advisory bodies need to be truly empowered to do this.
- Where is the proposal to get the authority? How can a large entity be both responsive and integrated if it is too big? It will take money to put them together and restructure. Where is the accountability at the state level when programs fail for Older Californians?
- The strength of the Commission is their understanding of the needs of consumers. This knowledge is what helped to create the LRSPA and the Master Plan on Aging. While this role exists now, who will take it on if CCoA is eliminated? In Sacramento, how can we preserve the planning/advocacy piece of the Commission's role? The Commission has strong ties to public and private sectors and access to experts. Without this planning function, it is left up to Departments.
- Departments need to be able to be accountable to goals and measurable outcomes. Directors and Secretaries need to be told to either shape up or ship out. The civil service also needs to focus on outcomes of lower levels of staff. The outcomes of these programs need to be communicated and ingrained in the public consciousness in a clear and compelling way. Many people believe that seniors are the most 'taken care of' group in society.
- The CCoA needs to have jurisdiction over multiple departments and agencies. They need to be independent of the administration. If we blow up the boxes, that means there is no public to be heard.
- The Legislature can hold hearings to get public input. The administration wants more flexibility in its advisory groups. They want to design systems to improve services. Where you have like functions, put them together and put someone in charge.
- How does the CCoA take their message? Why take your message in a blanket to all Legislators when in reality only 10 make the decisions? Find out who your champion in Sacramento is and target them. It really doesn't take a grassroots effort, just convincing a few legislators.
- The CCoA needs to advocate how aging programs and the LTC programs serve all people/families. There should be an advisory body to every department that has programs and services for aging that participates in each department's planning functions.
- The state administration generally is not looking into the future, it is instead putting out fires, there are many systemic problems. Is anyone looking at the big stuff? The CCoA needs to make itself indispensable to the people of California. This is an opportunity for the Commission. The CCoA could be a resources center to bring together best practices in aging in the state.

- XI. Derrell Kelch provided the C4A report. C4A has appointed a member of its organization to each of the standing committees of the Commission to provide leadership and advice. C4A is paying attention to the reformation of the Olmstead Advisory Committee and the future role of the LTC Council. November of this year is C4A's 25th anniversary. There will be a reception held at their fall conference for this. The annual board meeting/retreat will take place next week in which the organization will work on its strategic plan.
- XII. California Performance Review – Advocacy Strategy – The California Aging Network (Derrell Kelch, C4A and Gary Passmore, Congress of California Seniors)

What are the pros/cons for human services (in particular, aging programs, and services) in the proposed CPR recommendations?

- There are some realities we need to be sensitive to in on the CPR issue: 'Aging' was not in the CPR – the strategic plan for state administration of programs/services does not deal with seniors' needs today nor tomorrow.
- The CPR is about shaping policy, but it is more a set of recommendations that is about politics and "reshaping state government."
- How people respond and who responds is key; it is troubling that the legislature can vote it up or down.
- There are many levels to the proposals. They are based on philosophical positions. It appears the author was trying to shut down avenues for citizen participation in government.
- The CPR cleans up the blending and separation of the powers between the administrative and legislative branches.
- There are hundreds of small proposals in the CPR. Does the CCoA want to weigh in on all of these? Some of these issues include how people get enrolled in Medicaid and how the share of cost is distributed between Medicaid and Medicare.
- This is a do or die situation for seniors; it is critical that we work together.
- We need to be inclusionary of all folks, providers, constituents, professionals, Universities. Bring together all these groups to create common agreement.
- Many governors have attempted to reorganize in a way that reflects their politics.
- Throwing everything up in the air and proposing not unfamiliar, recycled ideas, is not a recipe for success, and it is not likely to move.
- Since the AARP is a membership organization, it is a huge challenge to get energized about mechanics of state government. A call to action to the membership is usually only successful when it is issue oriented.

- Coordination is lacking between disability and aging advocates on LTC services, aging advocates need to make the effort to reach out to disability advocates, currently we lack a common language. The CCoA really needs to look beyond just itself, beyond aging to disability groups, etc.
- We need to be educating advocates from an issue basis.
- While it is clear the CPR is politically driven, it is also fiscally driven, meant to leverage as many federal dollars as possible. Arnold is willing to go to the ballot, the Legislature is thinking twice and wanting to negotiate.
- The Coalition for Coordinated Advocacy has made a joint statement.
- No one likes the new HHS structure. In order to get what we want, we need to define common, core values, design the system and not necessarily the structure, be inclusive of people. C4A offered AB 784 as a start.
- The CCoA should be willing to risk, be the broadest in scope, get public input.

What do you see as the greatest strengths/weaknesses of the California Commission on Aging as it is currently stated in statute? Is there a better structure to ensure advocacy for aging issues in the State?

- The CPR is about limiting the balance of power. Can there be a change in appointments right now for the Commission, and what kind of membership shift might we get?
- The CCoA must represent the consumer voice, embrace the market power of organizations like AARP, in recent years we have done this, keeping the SB 910 Strategic Plan moving forward, letting the public opinion leaders understand our opinions.
- We are not sure if in the new system the CCoA may look as it does today. There has to be an avenue for consumer input and the administration recognizes this. The Coalition for Coordinated Advocacy included this consumer input in its principles. The SILC is the Commission for the disability community; however, they have clear mandates in federal law for their existence. A proposed council for aging and disabilities, while very scary, might have the potential for greater authority or oversight.
- We should not allow the new structure to bury aging services into the Department of Social Services.
- This should be an opportunity for strengthened advocacy, more personal advocacy of the Commissioners themselves to raise the visibility of the group.
- The Commission can play the role of the convener, bring diverse voices together and hash out our differences.

- We need to focus on resources, focus on what is required to meet the needs of the community, focus on and articulate the needs of older Californians in this state.
- The federal Older Americans Act - we should focus the need for federal actions that affect this state, be information link in that area, deal with the California Congressional delegation, take on a federal advocacy role.
- If you're an advocate you're on the outside. The Coalition feels that the Commission is more of a part of the system due to the CCoA's appointed structure.
- The way to ensure that we are a part of the system is to be involved in the planning and development of the services and the system.
- Other changes need to accompany the restructure: The budget needs to be restructured and we need to restructure legislative oversight. The Aging Committee needs to make sure our programs don't get lost, and we need to figure out the relationship between state/local by clarifying roles. The Commission needs to be able to trump the administration's decisions with a constituency base. We need to produce public reports and provide venues in oversight – allow programs to be in the public scrutiny and shed light on the faults in the system.
- The CCoA needs to get as much input as possible while the boxes are still fluid. The CCoA will probably not survive if advocacy is only for ourselves. We must talk about aging services and what is at stake in reorganization. We need to always identify ourselves as members of the CCoA, and have a coordinated press plan, visiting other organizations and boards.
- There is a level of frustration with what the Commission's role is. We should learn from the disability community, teach the consumer how to be an advocate. We should ensure that no voice is lost, either in the aging community or disability community. We need to be risk takers.
- We should not underestimate the power that we have, and coordinate effectively. We do not have to agree on everything, but have enormous power when we work together with other organizations.
- The CCoA could sponsor a forum in which as the appointed body in aging, we coordinate a march of other organizations.

Executive Director, Sandra Fitzpatrick summarized some of what the CCoA heard in the panel discussions and discussion among Commissioners:

- The CCoA needs to distribute regular updates for Public Relations purposes, and CCoA members need to be informed regularly of CCoA activities.
- Public Relations piece should include the following:
 1. Highlight of the CCoA's significant accomplishments in recent years.
 2. Recent activities around the CPR.

3. Recent activities around the Strategic Plan/White House Conference on Aging/Older Californians Act monitoring.
4. Talking points about the CPR should include that aging was left out. We need to articulate a short and long term approach to remedy this. Longer term would include changing attitudes towards aging, staying civically engaged, reaching out to the older working adults. In working with service providers, we should go beyond services and seniors in need of services to discover what seniors can give back.

XIII. The Commission discussed proposed Bylaws changes offered by the Bylaws committee as amended and approved by the Executive Committee. In regards to taking positions on legislation, the Commission continues to feel it is important to take positions on fewer but better bills. After a discussion, Commissioner Latimer motioned and Lacayo seconded that the Bylaws changes be approved. They were approved with a vote of 8 ayes and 6 nos.

XIII. Standing Committee Reports:
Strategic Plan for an Aging California Population Committee report was given by Commissioner Esquivel. There have been two meetings of task team chairs to date, and task teams are up and running on the topic areas of housing, long term care, mental health, wellness, assistive technology, economic security, elder financial abuse, oral health and transportation. Others may be formed on provider workforce, assisted living, and caregiving issues. All task team meeting times/dates/locations are placed on the CCoA website. Commissioner Dennison moved and Karr seconded acceptance of this report. The motion carried.

The White House Conference on Aging (WHCoA) Committee report was provided by Commissioner Lambrinos. The Committee has had discussions with the CDA on our role as well as the administration. The Department provided insights into the CCoA's past role and actions in events leading up to the WHCoA. At CCoA's October meeting in Palm Springs, Mel Woods, Policy Committee member from the Sacramento area, will be speaking to the Commission. The CCoA continues to see the Strategic Plan as the basis for the WHCoA input. Commissioner Goode continues to be helpful in suggesting potential funders for WHCoA preparatory activities. Commissioner Selby moved and Lundeen seconded acceptance of the WHCoA committee report. The motion carried.

The Older California Act Committee continues to dialogue with the CDA on a role for this committee in the preparations for the new State Plan on Aging, and will work with the Department's committee on this plan. Commissioner Latimer moved and Commissioner Wyman seconded the acceptance of this committee report. The motion carried.

XIV. Commissioner reports – there were none. Commission adjourned at 2:30pm.